

Advancing Primary Prevention in Human Services: Key Considerations for Policy Designers and Funding Partners

In August 2022, the U.S. Department of Health and Human Services held a convening focused on increasing the use of primary prevention in human services systems. Participants considered the opportunity for human services to shift from *responding* to families after they are in crisis to *preventing* the crisis before it occurs. Participants indicated that incorporating primary prevention into human services delivery can uproot the causes of adverse outcomes by reducing risk factors and promoting protective factors, thereby creating the safety and stability needed to avoid adverse experiences in the first place. This brief highlights key considerations for policy designers and funding partners, such as federal staff, technical experts, and philanthropic partners.

THEMES AND RECOMMENDATIONS FROM THE CONVENING

To advance the use of primary prevention* in human services, convening participants noted the need to design a national framework for delivering prevention services and support that framework with buy-in from policymakers, the public, and funders. This framework should focus on equity and elevate lived experience by co-creating and delivering services with the individuals and communities served. Figure 1 presents key considerations that emerged at the convening related to designing and supporting this national framework.

Figure 1. Key themes and recommendations



* Primary prevention services include programs, policies, or other strategies that aim to prevent adverse outcomes from occurring by promoting protective factors and reducing risk factors.

KEY CONSIDERATIONS FOR POLICY DESIGNERS AND FUNDING PARTNERS

This section describes select recommendations from the convening for policy designers and funding partners to consider. More detail on these and other recommendations are available in the convening summary brief:

<https://aspe.hhs.gov/reports/primary-prevention-convening-brief>.



Integrate infrastructure across program areas and sectors

Convening participants indicated that advancing primary prevention will require integrating services across program areas and sectors; the root causes of many adverse outcomes are the same across contexts, and people generally receive services from more than one program. From a program or service participant perspective, integration starts with access (such as through a one-stop or “no wrong door” approach). From an administrator perspective, integration will require data-sharing infrastructure to guide policy, priorities, and funding. Ultimately, an integrated service infrastructure requires a shift from *programs* that influence people to *strategies and practices* that influence change at the federal policy, system, and community levels in response to contextual factors (societal, environmental, interpersonal, and individual).



Finance primary prevention services

To support integrated services, convening participants called for a new approach to funding that provides flexibility across funding sources and centers community-based service providers. Human services programs often receive funding to react to ongoing issues instead of to proactively prevent issues from arising. To effectively finance prevention services, government and philanthropic funders can dismantle funding barriers, increase flexibility of funding across sources, invest in an integrated service delivery system, and adjust timelines to match the needs of primary prevention. (For example, the short-term nature of some existing grants prevents providers from offering effective prevention services). Ultimately, financing primary prevention requires trusting communities to implement programs in the way that is best for them.



Leverage evidence of effectiveness to build political will

Convening participants stressed that building and implementing the new primary prevention infrastructure and workforce needs dedication to capturing and characterizing the benefits of primary prevention at the societal level (in terms of outcomes, cost effectiveness, and cost-benefit), as well as the political will to make necessary policy and funding changes. Generating the requisite evidence will require addressing several challenges. First, it is critical to identify promising strategies that can successfully and equitably address root causes of adverse experiences and outcomes. Second, working with communities to define success and determine how to measure the effectiveness of prevention is key. Third, after identifying effective prevention strategies, policy designers and funders can turn to implementation science to guide efforts to replicate and scale those strategies as well as adapt them to community contexts. Finally, these research and development efforts will need ongoing financial support.

NEXT STEPS

The Office of the Assistant Secretary for Planning and Evaluation will hold a series of roundtables to advance select ideas that emerged from the convening. Discussions will inform additional considerations and next steps to build and support a framework for integrating primary prevention into human services policy and programs.

FOR MORE INFORMATION

This is one in a series of briefs highlighting key considerations from the U.S. Department of Health and Human Services Convening on Advancing Primary Prevention in Human Services. For other briefs in this series, see <https://aspe.hhs.gov/primary-prevention-human-services>.

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Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

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ABOUT THE AUTHORS

Lauren Akers is a Senior Researcher at Mathematica.

Jennifer Tippins is an Analyst at Mathematica.

Susan Hauan is a Senior Advisor for Human Services Policy at ASPE.

Miranda Lynch-Smith is the Senior Official Performing the Duties of the Assistant Secretary for Planning and Evaluation and the Deputy Assistant Secretary for Human Services Policy at ASPE.

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